06-20-05

PART B - FEE(S) TRANSMITTAL

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EV 466 144 743	US /

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of add 03/18/2005 00959 7590 1 7 2005 LAHIVE & COCKFIELD, LLP. Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 28 STATE STREET **BOSTON, MA 02109** 06/21/2005 MBERHE1 00000003 120080 10719563 PADEN 1400.00 DA 01 FC:1501 (Signature) 300.00 DA 02 FC:1504 30.00 DA (Date 03 FC:8001 FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. 11/20/2003 Mitsuyoshi Shibata 3552 10/719 563 TITLE OF INVENTION: HAMMER DRILL WITH A MECHANISM FOR PREVENTING INADVERTENT HAMMER BLOWS SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE \$1700 06/20/2005 nonprovisional NO \$1400 \$300 EXAMINER ART UNIT CLASS-SUBCLASS SMITH, SCOTT A 3721 173-048000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Lahive & Cockfield, LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Anthony A. Laurentano, Esq. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MAKITA CORPORATION Aichi-ken, Anjo-shi, Japan Individual XX Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. atuentur June 17, 2005 Authorized Signature

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<u>Laurentano</u>

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

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Application Number	10/719563-Conf. #3552
Filing Date	November 20, 2003
First Named Inventor	Mitsuyoshi SHIBATA
Art Unit	3721
Examiner Name	S. A. Smith
Attorney Docket Number	CTW-026

ENCLOSURES (Check all that apply)						
X Fee Transmitta	al Form	Drawing(s)		After Allowance Communication to TC		
Fee Atta	ched	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment/R	eply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Fin	al	Petition to Convert to a Provisional Application		Proprietary Information		
Affidavits	s/declaration(s)	Power of Attorney, Revoca Change of Correspondence		Status Letter		
Extension of T	ïme Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):		
Express Aband	donment Request	Request for Refund		Issue Fee Transmittal Form PTOL- 85B;		
Information Disclosure Statement		CD, Number of CD(s)		Certificate of Express Mailing; Return Receipt Postcard		
Certified Copy Document(s)	of Priority	Landscape Table on CD				
Reply to Missii		Remarks				
Reply to 37 CFR	Missing Parts under 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	AHIVE & COCKFIE	LD, LLP				
Signature	Inthing	June Court				
Printed name Af	nthony A. Laurenta	10				
Date Ju	une 17, 2005		Reg. No.	38,220		

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Dated: June 17, 2005

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Complete if Known Complete if Known

FEE TRANSMITTAL For FY 2005 First Named Inventor Mitsuyoshi SHIBATA	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	cation Number 10/719563-Conf. #3552				
FOR FY 2005 First Named Inventor Mitsuyoshi SHIBATA	FFF TRANSMITTAL		'''		November 20, 2003				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,730.00 Attorney Docket No. CTW-026 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Lahive & Cockfield, LLP Lahive & Cockfield to: (check all that apply) Credit any overpayments EXAMINATION FEES Small Entity Fee (S) F				First Named Inv					
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Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	TOTAL AMOUNT OF PA	YMENT (\$) 1,730.0	00	Attomey Docket	No.	CTW-026		
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(Amorney/Agent)		Harry	ATTA PIETE			38,220	Telephone	(617) 227	7-7400
Julie 17, 2003				<u>ل</u> ا	(Attorney/Agent)	,			
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I hereby certify that this corresp US, in an envelope addressed							
shown below.		0.11	1	1		·	
Dated: June 17, 2005	Signature:	In Horry	huma	(Antho	 ony A. Laurenta	no)	

Typed or printed name of person signing Certificate

38,220

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Registration Number, if applicable

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